

# STATE BOARD OF CRANE OPERATORS

MAILING ADDRESS  
STATE BOARD OF CRANE OPERATORS  
P.O. BOX 2649  
HARRISBURG, PA 17105

COURIER ADDRESS  
STATE BOARD OF CRANE OPERATORS  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

PHONE 717-783-1404  
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WEBSITE [www.dos.state.pa.us](http://www.dos.state.pa.us)

## INITIAL LICENSE APPLICATION WITH CERTIFICATION

THIS APPLICATION IS FOR INDIVIDUALS THAT POSSESS A CURRENT AND VALID  
CERTIFICATION FROM A CERTIFYING ORGANIZATION.

### INSTRUCTIONS

1. Complete application and submit with fee and supporting documents.
2. Authorize your certifying organization to provide proof of certification and recertification *directly* to the Board office. Typically, certifying organizations obtain your authorization at or before testing for certification.
3. Attach a physician's certification that you have been examined by a physician and determined to be physically capable of operating a crane. The physician may use a CDL physical form approved by the United States Department of Transportation.

### INFORMATION

YOU MUST MAINTAIN CURRENT CERTIFICATION WITH A CERTIFYING ORGANIZATION IN  
CONJUNCTION WITH A PENNSYLVANIA LICENSE.

You can only be licensed in the crane specialty for which you are certified. Addition of crane specialty to your Pennsylvania license, is obtained by application, upon request, payment of fee and proof of certification.

Licenses expire October 31 of even-numbered years regardless of initial date of licensure. Licenses are not forwardable. Duplicate licenses are issued upon request with fee of \$5.00 made payable to the Commonwealth of PA and mailed to the board office or by accessing our on-line process.

You will be notified of application discrepancies by correspondence or email.

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### INITIAL LICENSURE - \$100.00 NON-REFUNDABLE APPLICATION FEE.

Check or money order only, made payable to the "Commonwealth of Pennsylvania."

There is a \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

**SECTION 1: If your name has changed since you have been authorized as a trainee, provide a copy of the marriage certificate or court order.**

APPLICANT NAME:		
STREET		
CITY/STATE		
ZIP CODE		
DAY TELEPHONE NUMBER:		
E-MAIL ADDRESS:	DO YOU WISH TO BE CONTACTED BY EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION 2:**

CERTIFYING ORGANIZATION:	
CERTIFICATION NUMBER AND EXPIRATION DATE:	
DATE OF LAST PHYSICAL:	
SOCIAL SECURITY NUMBER:	
BIRTH DATE	

**SECTION 3: CRANE SPECIALTIES - check all that apply**

- Tower
- Lattice Boom Crawler
- Lattice Boom Truck
- Telescopic Boom Crane W/Rotating Control Station
- Telescopic Boom Crane W/Fixed Control Station

**SECTION 4:** The following questions must be answered:

*If you answered "yes" to #2, #3 OR #4 provide a certified copy of the record with this application.*

	YES	NO
1. Do you hold a license to practice this profession in any other state or jurisdiction? If yes, list licensure state(s)/jurisdiction(s):		
2. Have you had any disciplinary action instituted or taken against your certification or license in any state or jurisdiction, or by a certifying organization?	<input type="checkbox"/> Check here if action was taken in PA. Certified copies are not required.	
3. Have you withdrawn an application for a certification or license, had an application for a certification or license denied or refused, or agreed not to reapply for a certification or license in any state or jurisdiction?		
4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or Accelerated Rehabilitative Disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

**SECTION 5:**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the denial, restriction, suspension or revocation of my license.

Applicant signature (same person as listed in Section 1)

Date

## SOCIAL SECURITY ACT CERTIFICATION

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide to DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date